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Item 4 of the provisional agenda**

Draft country programme document***

Burundi

Summary

The Executive Director presents the draft country programme document for Burundi for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $10,908,000 from regular resources, subject to the availability of funds, and $27,000,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2007.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.

** E/ICEF/2004/8.

*** In accordance with Executive Board decision 2002 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	3.6
U5MR (per 1,000 live births)	190
Underweight (% moderate and severe, 2000)	45
Maternal mortality ratio (per 100,000 live births, 2000)	1 000
Primary school enrolment(% net, male/female, 2003)	63/50
Primary schoolchildren reaching grade 5 (%, 2000)	80
Use of improved drinking water sources (%, 2000)	78
Adult HIV prevalence rate (%)	3.6
Child work (%, children 5-14 years old, 2000)	24
GNI per capita (US$)	100
One-year-olds immunized against DPT3 (%)	74
One-year-olds immunized against measles (%)	75

Situation of children and women

1. Burundi has a population of 7.2 million, half of whom are children. Burundi ranks 171 out of 175 countries in the 2003 Human Development Index. More than 58 per cent of the population lives on less than $1 a day and almost 90 per cent on less than $2 a day. In 2002, the estimated economic growth rate of 2 per cent in real terms was less that the estimated 3 per cent of population growth. The gross domestic product fell from $1.2 billion in 1991 to $0.69 billion in 2001.

2. Civil war since 1993 has resulted in the loss of hundreds of thousands of lives and the destruction of social networks, infrastructure and basic social services. An increasingly vulnerable population has insufficient access to safe drinking water, food, education and health services. Over 17 per cent of the population is either displaced or living as refugees. Life expectancy fell from around 54 years to just under 41 years between 1992 and 2001.

3. The Arusha Peace Accord was signed in 2000. Continued international and regional support, including from the United Nations and the African Union, assisted in producing a power-sharing agreement among rival factions. A Global Cease-fire Agreement was signed in November 2003, a joint Army command was established in January 2004, most hostilities have ceased and elections are scheduled for October 2004. Negotiations have started with one rebel group, the Forces for National Liberation, or FNL, that remains outside the peace process and presents an ongoing threat to the stability of the Arusha Accord.

4. In this transition stage, Burundi faces major humanitarian, economic and social challenges. The Transition Government is committed to promoting stability, peace and sustainable development. It produced an Interim Poverty Reduction Strategy Paper (I-PRSP) and participated in developing a draft Common Country Assessment (CCA)/United Nations Development Assistance Framework (UNDAF). Based on the CCA, analysis and priorities expressed in the I-PRSP and UNDAF, the main areas of concern for the country programme 2005-2007 include: education,

health/nutrition, HIV/AIDS and youth, protection, water and environmental sanitation (WES), and communication, with an intersectoral emergency component.

5. Approximately 20 per cent of children die before the age of five, primarily because of malaria, diarrhoea, pneumonia, malnutrition and HIV/AIDS, according to the Ministry of Health. Frequent epidemics occur of malaria, meningitis, typhus and cholera. The past decade has seen a strong downward trend in most social indicators. The number of malaria cases reported to the Ministry of Health, for example, rose from 0.5 million in 1990 to over 3 million a year in 2000. The CCA indicated that access to safe drinking water in rural areas had decreased from 55 per cent in 1992 to 43 per cent in 2002. The current measles vaccination coverage is 75 per cent, and for DPT3 it is 74 per cent.

6. Education is neither mandatory nor free. Mobilization campaigns increased primary net enrolment from 26 per cent (1995) to 56 per cent (2003), with 13 per cent more boys than girls enrolled. Many schoolchildren are over age: only 38 per cent of children enter school at school-entry age. School drop-out rates are high in the initial grades, and a third of children repeat at least one grade, according to 2003 statistics from the Ministry of Education. School infrastructure is inadequate, pupil-teacher ratios are very high, textbooks and educational materials are almost non-existent. Over 1 million adolescents receive no form of education, training or lifeskills education.

7. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), in 2001, 55,000 children under 15 were living with HIV/AIDS, 40,000 people had died of AIDS, and an estimated 237,000 children were living as orphans. Seroprevalence nationwide (among those aged 15 and older) is 3.6 per cent, 9.4 per cent in urban areas, and 10.4 per cent in semi-urban and 2.5 per cent in rural areas. Sexual activity begins at an early age and is mostly unprotected, due to lack of information and services.

8. The conflict in Burundi has led to serious violations of child rights, including recruitment of an estimated 7,000 children; rape; child prostitution; exploitation of the estimated 654,500 working children on plantations, construction, and mining; the orphaning of 620,000 children; exposure to landmines; and internal displacement, including the displacement of more than 281,000 people in 226 permanent internally displaced persons (IDP) camps, and 120,000 people displaced temporarily each month in 2003 alone. Sexual and gender-based violence has also increased as a result of the war.

9. Major root causes of the non-fulfilment of responsibilities towards children are the following: the degeneration of most social services and infrastructure during the war; a lack of qualified personnel capable of providing and managing quality basic services; and the high mobility of large segments of the population, who as a result have limited access to social services. Making matters worse is the fact that budget provision for social services is grossly inadequate. Structural causes, largely due to the war, include the erosion of national institutions and the subsequent shortage of national policies, programmes and legal instruments and their enforcement. Moreover, a lack of continuity experienced by regional and local authorities has led to poor governance. The Transitional Government recently established faces these constraints.

10. The population is largely impoverished and uninformed about their rights. Poverty and lack of awareness about rights is linked with the country's low literacy rate, which is 46 per cent — 37 per cent for women and 55 per cent for men — according to 2002 figures of the National Statistics Service. In addition, traditional livelihood structures have been eroded, and this erosion has contributed to an increase in absolute poverty. Not only is there low awareness about rights but in many cases, cultural norms, as influenced by prevailing community knowledge, attitudes and practices, directly impact on the abrogation of the rights of children, especially girls. Girls face problems such as early marriages, health-related problems such as risky pregnancies, low school enrolment and sexual and gender-based violence.

11. In 2000, among other measures, the Committee on the Rights of the Child recommended that the country take these actions: develop policies, programmes and services that guarantee all children's rights to life, survival and development; increase budget allocations to the social sectors; promote equal access to formal education; and extend current efforts to promote awareness and prevention of HIV/AIDS.

12. The Committee on the Elimination of Discrimination against Women recommended in 2001 that the country adopt these measures: increase efforts to include women in national reconciliation and peace-building initiatives; provide post-trauma counselling for women victims of sexual and gender-based violence; improve girls' access to education; and prevent school drop-out.

Key results and lessons learned from previous cooperation, 2002-2004

Key results achieved

13. Several key results were achieved in child survival. In 2002, the Ministry of Health and UNICEF conducted a nationwide measles and polio vaccination campaign, complemented by vitamin A distribution, that resulted in coverage of 90 per cent.

14. Gains were also made in fighting malaria and malnutrition. During 2002 and 2003, UNICEF supported the distribution of 335,500 insecticide-treated nets (ITNs) to under-fives and pregnant women. Also in 2003, UNICEF provided the Government with technical assistance to launch a new malaria treatment, which included assistance for drug procurement, stock management, communication materials development and social mobilization. The World Health Organization (WHO) complemented this support with staff training, and Doctors Without Borders helped operationalize treatment. Funding was provided by the United States Agency for International Development (USAID), the Office of United States Foreign Disaster Assistance, the European Commission Humanitarian Office and the Belgian Cooperation. As a result of this joint effort, 2.2 million people were treated.

15. In the nutrition sector, UNICEF supported coordination among the Ministry of Health, the World Food Programme (WFP) and the Food and Agriculture Organization (FAO) and 13 non-governmental organizations (NGOs). This coordination enabled the recuperation of 37,000 moderately and severely

malnourished children and women per month. The average recovery rate was over 85 per cent and the mortality rate under 5 per cent.

16. Another area where significant results were achieved was child protection. Advocacy and technical assistance raised the attention given child rights and protection in the national agenda, including through national consultations, in the CCA, the I-PRSP, and the Consolidated Appeals Process (CAP). Child protection structures were established within two Government departments and among numerous NGOs for several key activities relating to CRC reporting, mine-risk education, family reunification of separated children, and child soldiers, 400 of whom had been demobilized by March 2004. In addition, 800 community-resident mobilizers in four provinces were identified and trained in community care of children without primary caregivers. Provisions were made for extending this strategy nationwide.

Lessons learned

17. The application of the human rights-based approach to programming yielded some important lessons. At the provincial and community level, this approach was implemented through committees established for education, hygiene, vaccination, HIV/AIDS and child protection. This strategy contributed to raising awareness about human rights and discrimination against vulnerable groups. It also reinforced the emphasis given to increasing the participation of communities, especially young people and other vulnerable groups, in programme planning and implementation. The human rights-based approach was particularly effective for HIV/AIDS, with the approval incorporated into provincial and communal action plans developed in seven provinces. Nationwide youth consultations inspired the integration of youth-centred activities on HIV/AIDS within the programme. This approach was adopted by the National Committee against HIV/AIDS (CNLS) for activities at national level. However, taking the approach to scale has proved difficult. Few partners have the experience and training to act as facilitators. Ongoing capacity-building of facilitators, especially in communities, is crucial to the success of this strategy and to its extension.

18. In order to meet its commitments as laid out in the Core Corporate Commitments (CCCs) within the context of a country where emergencies are frequently related to security problems and poor access to populations, UNICEF has had to adapt its approach to emergency management. A rolling programme of implementation and maintenance of decentralized contingency plans and emergency stores is being developed by UNICEF in the most war-affected provinces in the country. Each plan outlines the roles and responsibilities of each actor in the province when an emergency occurs. The dimension and duration of the emergencies that each province will be able to manage is defined by the partners, based upon their capacity. An emergency stock is established with one of the key partners in the province to facilitate assess to the most vulnerable populations. Finally, to ensure that partners who have decided to work in certain domains of emergency response are equipped and skilled to do so, UNICEF organizes training sessions with the partners on Emergency Preparedness and Response.

Country Programme, 2005-2007

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Education	2 172	6 300	8 472
Health and nutrition	2 064	6 000	8 064
HIV/AIDS and youth	1 485	3 900	5 385
Protection	1 050	3 600	4 650
WES	1 050	3 450	4 500
Communication	906	1 500	2 406
Cross-sectoral costs	2 181	2 250	4 431
Total	**10 908**	**27 000**	**37 908**

Preparation process

19. The country programme is the result of a consultative process, from the community level to the national level, using a human rights-based approach to programming. It is based on the CCA analysis and on evaluations of projects and programmes, and is linked to the priorities of the I-PRSP and the draft UNDAF. This process involved all Government sectoral Ministries, United Nations agencies, multilateral and bilateral agencies, NGOs, donors and civil society associations, with support also provided by the UNICEF Regional Office. Strategic workshops were held on the cross-sectoral issues of emergency, protection, youth development and HIV/AIDS. Nationwide youth consultations and discussions with women's groups were complemented by community input from consultations in five communes (municipalities). Based on this, a Strategy Paper was developed and adopted at a Strategy Meeting with partners in February 2004. This paper formed the basis of the country programme.

Goals, key results and strategies

20. In the context of achievement of the Millennium Development Goals and the medium-term strategic plan (MTSP) targets, the country programme aims to contribute to the national goal of creating a protective environment conducive to the respect, protection and fulfilment of the rights of children and women. This is to take place in a framework of peace-building, reconstruction and development.

Key results

21. Key expected results include a contribution to: a) an increase of 14 per cent in the primary school net enrolment rate, a decrease of 8 per cent in repetition and a decrease from 13 per cent to 7 per cent in the gender gap in net enrolment; b) a reduction of 33 per cent in under-five childhood mortality, a reduction of 33 per cent in maternal mortality and an increase of 12 per cent (from 43 per cent to 55 per cent) in access to safe drinking water; c) increased knowledge about HIV/AIDS and its modes of transmission among 90 per cent of youths 15 to 24 years old, reduced-

risk practices among 30 per cent of youths and a reduction of 15 per cent in mother-to-child transmission of HIV; and d) an improved protective environment against violence, exploitation, discrimination, abuse and neglect, with efforts including the reintegration of 7,000 child soldiers.

22. An environmental impact assessment screening will be carried out on all programmes during the preparation of the Country Programme Action Plan.

Strategies

23. The overarching country programme strategy is to use the human rights-based approach to programming to address non-fulfilment of duties and responsibilities towards children. This will include the duties and responsibilities of Government, civil society, communities and families. The second overarching strategy is to contribute to peace and reconciliation, including bringing the large youth segment of the population into the development process and integrating gender equality and other issues into all activities and programmes. UNICEF will play both a normative and operational role, using a human rights-based approach in planning and implementing long-term interventions. These interventions will focus on improving quality, developing effective systems and ensuring community participation in all stages of programming. Emergency Preparedness and Response will continue to be mainstreamed throughout the programme to maintain life-saving operational capacity and response during the transition period.

24. Operational strategies include: (a) advocacy to maintain child rights high on the agenda, integrated within the Poverty Reduction Strategy Paper (PRSP) development, implementation and monitoring, and ensuring Government accountability; (b) a dual approach of Government capacity- reinforcement, particularly at decentralized levels, for programme development and implementation, combined with support for NGOs and community-based organizations (CBOs) as primary implementing agencies during the transition period; (c) initiation of innovative pilot projects and strategies to develop models for wide-scale replication; (d) use of intersectoral communication strategies to enable the realization of rights, applying the rights-based approach to programming with a focus on community capacity development; (e) promotion of the participation of children, youth and women, as well as NGOs and civil society, throughout the programme in planning, implementation, monitoring and evaluation; (f) capacity-development and support for networks to enable youths as actors of change; (g) capacity-reinforcement of the Government (particularly local authorities) as well as NGOs and CBOs, to respond to human-made and natural emergencies, and of family and community coping mechanisms, and (h) capacity-development for the continuous monitoring and assessment of the evolving situation of children and women, and their rights.

Relationship to national priorities and UNDAF

25. The country programme is consistent with the national goals in the I-PRSP and supports the decentralization process outlined in the Arusha Accord. It represents the contribution of UNICEF to the first harmonization of United Nations cycles within a three-year UNDAF and contributes to the achievement of results in the six priority areas identified by the UNDAF. Recommendations of the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against

Women have been taken into account, as have the recommendations for Burundi of the Economic and Social Council, particularly regarding protection strategies in the transition period.

Relationship to international priorities

26. Both the country programme and the I-PRSP are founded on the principles and commitments of the Millennium Declaration, Millennium Development Goals and *A World Fit for Children*. The five MTSP priorities are integrated within the country programme, as are the CCCs in Emergencies, as applicable in transition phases. The country programme takes into account Burundi's accession to the Optional protocols to the Convention on the Rights of the Child. The programme accords with the Abuja declarations on malaria and HIV/AIDS and the United Nations Special Session of the General Assembly on HIV/AIDS, and aims to contribute to the goals of the African Charter for the Rights and Welfare of the Child. The Transition Issues for updated Core Commitments for Children are mainstreamed throughout the programme.

Programme components

27. The country programme consists of six programmes: education, health and nutrition, HIV/AIDS and youth, protection, WES, and communication. In keeping with the Transition Issues for mainstreaming emergencies, an intersectoral emphasis on flexible response enabling relief, recovery and development needs to be simultaneously addressed. Recommendations from evaluations in the education and WES sectors, and from a study on violence, have helped improve programme design.

28. In terms of geographic coverage of the programme, policy development and central Government capacity-reinforcement will take place at the national level. All other aspects of programme implementation will be supported in nine priority provinces, among host communities where most refugees and IDPs are settling.

Education

29. The programme aims to improve access for all children to quality primary education and primary school completion, especially for girls. It will support policy development, reinforcing educational capacity at central and decentralized levels, and improving community involvement in schools.

30. The programme has two projects. The first, Every Child in Primary School, aims to substantially increase enrolment, particularly for girls, through advocacy for free primary education and reduction of the teacher-student ratio, policy development and social mobilization, partnerships for girls' education, school rehabilitation and reconstruction with community involvement, school canteens, parental education and early childhood development. A transitional focus will be maintained on reintegrating out-of-school children and adolescents, including child soldiers, with support given to policy development and advocacy for improved access to services. The second project, Inclusion beyond Enrolment, aims at reducing repetition and drop-out, and improving quality through teacher development, improved supervision, curriculum revision and the inclusion of lifeskills and the development and provision of educational material. A "girl-to-girl" initiative, involving setting up peer support for girls in schools, will support

improved retention and performance among girls. Capacity-reinforcement will be provided for decentralized structures in order to improve microplanning and service delivery. An Educational Management Information System will be established, including for monitoring learning achievement.

31. UNICEF is the lead agency in basic education, orienting policy and supporting coordination of interventions in primary education, girls' education, early childhood development, parental education and youth development. UNICEF will continue to support the Government in policy, in systems development and in reinforcing partnerships, including with NGOs, civil society, community and faith-based organizations, with an aim to focus in particular on promoting girls' education. These efforts will be complemented by interventions in school rehabilitation; school construction, supported by the United Nations Development Programme (UNDP), the United Nations High Commissioner for Refugees (UNHCR), the World Bank and NGOs; and the provision of school canteens, with the World Food Programme (WFP).

32. Regular resources will be used for advocacy, social mobilization, policy development, planning and monitoring and evaluation. Other resources and CAP funds will cover educational material, curriculum development, decentralized capacity-development, teacher-training and parental education, as well as emergency activities such as school rehabilitation and reconstruction and provision of emergency education kits.

Health and nutrition

33. This programme aims to reduce the high levels of infant and child mortality and morbidity, and to reduce maternal mortality. Efforts will support family and community capacity to care for children and to demand and use health and nutrition services. Technical assistance will reinforce capacity at central, provincial and local levels in policy development, planning, management, implementation and Management of Information Systems (MIS) for improved, equitable service delivery.

34. The programme consists of three projects. The first, child survival and maternal health, includes Integrated Management of Childhood Illness (IMCI), Ante-Natal Care "plus" and emergency obstetric care, the prevention of mother-to-child transmission (PMTCT) of HIV, and psychosocial and health-care services for female victims of sexual violence. The second project, health system development and malaria control, focuses on advocacy and policy development, particularly development of cost-sharing mechanisms, in order to ensure access to basic health services for the most vulnerable. Management and MIS capacity-reinforcement will improve effective delivery of an integrated package of services. IMCI activities include malaria control, including promotion of ITNs and monitoring of the new drug policy on curative treatment. The third project, on nutrition, reinforces health-centre capacity for malnutrition detection and treatment, micronutrient-deficiency control, and community capacity development for growth monitoring and nutritional improvement.

35. The country programme advocates for and supports improved access for children and women to basic health services at health centres and in the community. Interventions will be strongly coordinated to make a maximal impact on under-five mortality. The Ministry of Health and NGOs will be the main service providers.

WHO will provide technical assistance for policy development, planning and elaboration of training materials. UNICEF will provide the following: vaccines not covered by the Global Alliance for Vaccines and Immunization (GAVI); micronutrients nationwide; and essential drugs for provinces in emergencies in which NGOs are not active. The Global Fund for HIV/AIDS, Malaria and Tuberculosis will cover the costs of anti-malarial drugs and ITNs, while the World Bank will contribute funds to cover anti-retroviral drugs for PMTCT sites. UNICEF will play a strong role in coordinating and harmonizing approaches to nutrition activities, with food supplementation provided by WFP, and funding for coordination from OFDA.

36. Regular resources will be used for policy, advocacy, communication, MIS, and surveillance. Other resources and CAP funds will cover supplies to for the expansion of services, training and vaccinations, in line with UNICEF operational strategy for reconciliation; and emergency response to epidemics and natural disasters.

HIV/AIDS and youth

37. In response to the ongoing rapid increase in HIV infection among young people, this programme aims to achieve a significant increase and improvement in knowledge of protection against HIV. It also aims to support access to preventive services for youths, and a subsequent increase in safe practices. In keeping with the Transition Issues on Core Corporate Commitments on Children and the recommendations of the United Nations Development Group (UNDG)-ECHA working group on transition issues, the programme also incorporates a contingency plan for prevention of HIV/AIDS during the reconstruction period, focusing on women and girls.

38. The programme has two projects. The first, prevention and care at the community level, aims to provide capacity-reinforcement and technical and logistical assistance to establish community networks for the prevention of HIV infection and for the support of people and families affected by HIV/AIDS, including those who are ill and orphans and other vulnerable children. Sexual and gender-based violence, particularly rape, will be addressed by establishing committees for social mobilization and psychosocial assistance in this area. The second project, youth participation and development, aims to empower young people both in and out of school to protect themselves against HIV. Technical, material and logistical support will be provided to establish 30 Youth-Friendly Health Services and 50 Community Youth Centres (CYC), to improve access to information and services for prevention and treatment and provide psychosocial support. Lifeskills will be integrated within the primary and secondary school curriculum, and STOP AIDS clubs promoted.

39. In coordination with UNAIDS, UNICEF supports the development of youth-friendly centres, lifeskills promotion, human rights-based programming and capacity reinforcement at different levels. The CNLS, with World Bank funding, will be responsible for harmonizing approaches among United Nations agencies and other partners in providing youth-friendly services and lifeskills throughout the country. The United Nations Population Fund, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and Family Health International will support prevention programmes for youth in different provinces. UNDP will

support the effort with regional capacity-reinforcement, WHO will contribute to disease surveillance and the treatment of people suffering from HIV/AIDS, UNHCR will support prevention of HIV infection among repatriates, and NGOs will contribute to the provision of psychosocial support.

40. Regular resources will be used for policy and strategy development, capacity-reinforcement, lifeskills and CYC. Other resources and funds from the CAP will be used for YFHS, and for emergency activities related to sexual violence, protection of displaced persons and safe repatriation of refugees.

Protection

41. This programme supports the creation of an environment of rights assurance, and addresses situations of violence, exploitation, discrimination, abuse and neglect that lead to extreme rights violations. These extreme violations include military recruitment of children, sexual violence, and exploitative labour, discrimination, growing up without a primary caregiver, abandonment, and prostitution.

42. The project, Protective Environment Against Violence, Exploitation and Abuse, encompasses both prevention and response. In conjunction with the preparation of the first periodic report to the Committee on the Rights of the Child, action will be triggered in the areas of legislation, dissemination of international and legal standards on the rights of women and children, policy formulation, and monitoring and evaluation. Capacity-reinforcement will be provided to develop national implementation capacity in child protection at central, provincial and local government levels as well as among civil society, universities and communities. Specific attention will be given to establishing protective networks for orphans and other vulnerable children.

43. A network of partners in the protection sector includes United Nations agencies, the World Bank, bilateral donors, the International Committee of the Red Cross and NGOs. The project approach emphasizes the development of national capacity by supporting the establishment of implementation structures where none previously existed. These include structures for the reintegration of child soldiers, mine-risk education coordination, periodic reporting to the Committee on the Rights of the Child and child-protection management among NGOs. This approach has proved valuable in ensuring a coordinated, consistent response to protection issues. This support will continue for the duration of the country programme, with further structures created as necessary in the context of demobilization and reconstruction.

44. Regular resources will cover national capacity-development, the reporting process to the Committee on the Rights of the Child, and child rights monitoring. Other resources and CAP funds will be used for technical assistance for legislative support, child soldier reintegration, mine-risk education and response to emergent situations involving unaccompanied minors and violence against children.

Water and environmental sanitation

45. This programme focuses on improving access to and the quality and utilization of water and sanitation systems in order to reduce infant and child mortality and morbidity from water-borne illness and unsafe hygiene.

46. A water supply project, interlinked with a project on hygiene and environmental sanitation, will support policy and legislative development and

capacity-reinforcement of partners at all levels, incorporating an integrated approach to the provision of water and sanitation facilities and an emphasis on hygiene. Implementation will concentrate on schools and health centres (including YFHS and PMTCT centres), with outreach to surrounding communities. Social mobilization will emphasize safe water storage and improved hand-washing practices. Community capacity will be developed through the human rights-based approach called Participatory Hygiene and Sanitation Transformation (PHAST), and committees will be established to ensure communication and information-sharing at the community level. UNICEF will support efforts by local authorities and community committees to strengthen their oversight of water systems and set policies and standards. EPR capacity, including supply provision, will be retained within the programme to respond to the needs of children and women in emergencies and vulnerable to cholera epidemics.

47. In the project, the normative role of UNICEF in the WES sector, in supporting harmonization of approaches, community capacity reinforcement and infrastructure maintenance, is complemented by UNDP support for infrastructure rehabilitation and by UNHCR for WES services for returnees. UNICEF plays an important role in supporting coordination of NGOs, and will continue to work on norms and policies with the Government, especially with the Ministries of Communal Development and Public Health, respectively, in charge of water supply in rural areas and promotion of hygiene and sanitation. The WES sector will continue to focus on nine priority provinces to improve access to Water and Sanitation facilities. Finance provided by the World Bank and other bilateral donors for social infrastructure will be used to scale-up school and health centre-based interventions.

48. Regular resources will be used for policy and strategy development, institutional capacity reinforcement, and the development and dissemination of standards and guidelines. Other resources and CAP funds will be used to build or rehabilitate water and sanitation systems, to expand school-based interventions, to respond to emergency response to cholera epidemics and to provide temporary water and sanitation supplies services in emergencies.

Communication

49. The communication programme aims to fill a general void in awareness of rights and in capacity for analysing the needs of, and demanding services for, children. The programme will support the achievement of all country programme results.

50. The programme has two projects. The first, communication and external relations, strives to improve accountability for child rights implementation and to increase the visibility of the situation of children through media capacity-development and supporting open debates in civil society. This project also aims to increase funding for programmes by arranging field visits for donors, providing them with information about the situation of children and convening meetings with donors. The second project, social communication for programme support, involves a concerted, multisectoral approach to community participation, using the human rights-based approach methodology. Capacity-reinforcement will be provided to communities in the development of integrated communication plans that will identify needs of children and families, and demand appropriate services, especially services in early childhood development.

51. A wide partnership will be developed with United Nations agencies, NGOs and CBOs, media, faith-based groups, and others to raise awareness of the situation of children and women. UNICEF will advocate strongly for the adoption of the human rights-based approach among partners.

52. Regular resources will be used to raise the visibility of the situation of children, for advocacy, documentation and development of communication plans in selected communes in nine provinces. Other resources and CAP funds will be used for extending community activities and media coverage, and for social mobilization linked to emergencies such as massive displacement of populations and epidemics.

Cross-sectoral costs

53. Programme implementation in Burundi is costly because of the security environment. Cross-sectoral costs will cover posts and core normative functions, including programme planning, monitoring and evaluation, communication, programme support and office management.

Major partnerships

54. Effective partnerships and networking will be crucial to achieving programme results. Joint programme planning will take place with UNDAF and other partners in the following areas: UNDAF partners, including WFP, for nutrition and school feeding; WHO for policy development, training and strategic support to basic service-delivery; UNAIDS for support to provincial and communal plans and YFHS; UNFPA for reproductive health; UNESCO for education; UNHCR, WFP, the United Nations Office for the Coordination of Humanitarian Affairs for EPR coordination in support of IDPs and returnees. Partners will include media and civil society, for advocacy and alliance-building as well as information dissemination, open debate and youth participation. Decentralized programming implementation will take place will local authorities, NGOs and CBOs. Social mobilization and training of programme participants will include umbrella women's and youth organizations. Activities to leverage funding will take place with the European Union, ECHO, USAID-OFDA and National Committees. Bilateral partners will include the United Kingdom Department for International Development (DFID), the Canadian International Development Agency (CIDA) as well as the Belgian, Norwegian, Swedish, Italian and Dutch Cooperation. The World Bank will assist with programme implementation and scaling-up.

Monitoring, evaluation and programme management

55. Indicators to measure programme results are detailed in the summary results matrix. Indicators will be revised and updated continually following the integrated monitoring and evaluation plan (IMEP), which is consistent with the UNDAF monitoring and evaluation plan and calendar. The IMEP will be updated each year at the same time as the CPAP, results feeding into improved programming. Indicators will be developed to monitor the mainstreaming of gender and the human rights-based approach within programme processes. Information sources include routine statistics from the National Statistics Service (ISTEEBU), *DevInfo*, United Nations data (UNHCR for repatriation, and sources others identified in the UNDAF monitoring and evaluation plan), field visits, studies, surveys, and evaluations. Multiple indicator cluster surveys will be carried out in 2005. Areas identified for

further study include: adolescent issues and lifeskills; orphans and vulnerable children; sexual and gender-based violence; and school retention and achievement.

56. The Ministry of External Affairs and Cooperation manages the country programme and will carry out annual programme reviews with sectoral Ministries. Comprehensive country programme evaluation will take place at the end of 2007.

57. The Ministry of Planning, Development and Reconstruction monitors indicators and progress towards the I-PRSP and the UNDAF. ISTEEBU will work within a decentralized framework to collect information on trends and provide valuable data on disparities. Regular monitoring of the transitional situation, feeding into the EPR, will be an important aspect of monitoring and evaluation.

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Draft country programme document***

Madagascar

Summary

The Executive Director presents the draft country programme document for Madagascar for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $25,710,000 from regular resources, subject to the availability of funds, and $42,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2009.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.

** E/ICEF/2004/8.

*** In accordance with Executive Board decision 2002/4(E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	8.6
U5MR (per 1,000 live births)	136
Underweight (%, moderate and severe, 2000)	33
Maternal mortality ratio (per 100,000 live births, 2000)	550
Primary school enrolment and attendance (% net, male/female, 2000)	67/68 60/63
Primary school children reaching grade 5 (%, 2000)	40
Use of improved drinking water sources (%, 2000)	47
Adult HIV prevalence rate (%, 2001)	0.3
Child work (%, children 5-14 years old, 2000)	30
GNI per capita (US$)	240
One-year-olds immunized against DPT3 (%)	62
One-year-olds immunized against measles (%)	61

The situation of children and women

1. Madagascar remains one of the poorest countries in the world. According to the *Human Development Report 2003*, Madagascar has seen a decline in the Human Development Index from 2001, and ranks 149th among 174 countries. Around 70 per cent of people live on less than $1 a day. The country's low GNI per capita reflects poor investment in social development. This and other facets of poverty are addressed in the Poverty Reduction Strategy Paper (PRSP) developed by the Government in collaboration with partners, which aims to halve poverty in 10 years through rapid, sustained development. While implementation of this strategy has commenced, much remains to be done. The situation is aggravated by the high annual population growth rate of nearly 3 per cent.

2. A review of the Madagascar-UNICEF programme of cooperation and a number of recent studies, including the Common Country Assessment (CCA), have highlighted major issues and trends regarding child rights. On the basis of these assessments, UNICEF is primarily concerned with child survival, education, HIV/AIDS, governance for child rights, emergencies and the development of decentralized social policies.

3. Under-five and maternal mortality rates have shown a gradual improvement in recent years. However, approximately 100,000 children under five die every year, according to the 2000 multiple indicator cluster survey (MICS), mainly from malaria, diarrhoeal diseases and respiratory infections, exacerbated by malnutrition. Malaria is the predominant childhood illness, accounting for more than one third of hospital deaths among under-fives, according to 2001 data. Nearly half of all children suffer from retarded growth and more than a fifth of women are malnourished, according to the MICS. Though trends indicate a slow improvement in access to safe drinking water and sanitation facilities, urban-rural variations are pronounced, with 88 per cent of the rural population lacking access to safe drinking water as opposed to only 33 per cent in urban areas, according to 2001 data. Only 36 per cent of children aged 12-23 months are fully immunized.

4. Efforts to build the capacity of duty-bearers in the country will need to address constraints of insufficient public resources, governance, and quality basic services. Also lacking are an adequate number of qualified and trained personnel, essential equipment and supplies. Moreover, budget allocations are unevenly distributed, infrastructure is not well managed, communities are not adequately involved in activities, and response to needs is slow. The Government has started addressing some of these issues, but more effort is needed. Poverty and ignorance are major factors. The MICS indicated that literacy rates among adults actually decreased, from 49 per cent in 1999 to 47 per cent in 2001, and showed significant disparities between men and women.

5. There are encouraging trends in education: Primary school net enrolment rates rose from 60 per cent in 1995 to 82 per cent in 2003, according to Ministry of Education statistics, and there is almost no gender gap. However, in terms of primary school completion, a gap of 10 per cent exists between girls and boys. Moreover, only 43 per cent of children reach grade 5, according to the Ministry of Education, and there are urban/rural disparities. Though learning achievement is improving, class repetition is very common. One reason for this is the insufficient number of teachers, especially in rural areas. What teachers there are generally lack adequate training and resources.

6. Commendable efforts have been made by the Government to address these issues through investment in pedagogical research, the provision of in-service training, the construction of schools, the institution of free primary education for all, the distribution of educational materials and an increase in the budget for education. However, many shortfalls still exist. Another constraint is that a large number of parents lack the resources to ensure their children's access to education.

7. A UNICEF-assisted survey of pregnant women in 2003 indicated that HIV prevalence is low, at just over 1 per cent of the population. The Government has shown strong political commitment to reduce the prevalence rate to less than 1 per cent, developing a National Strategic Plan. However, the prevention programme is still not fully in place. Service providers are poorly informed about HIV/AIDS and sexually transmitted infections, and the population has inadequate access to services for testing, counselling or treatment. Sex education, though included in the school curriculum, does not focus on life-skills education.

8. Malagasy society is slowly awakening to the reality of HIV/AIDS. Stigma surrounding the disease and a reluctance to discuss prevention issues impede programmes. Moreover, the groups that need them most are ill equipped to demand their right to these services as well as to information. Young people begin sexual relations early, and girls are made even more vulnerable to infection because of laws permitting early marriage, a common practice.

9. Problems relating to governance identified in the PRSP and United Nations Development Assistance Framework (UNDAF) include poor functioning and corruption in public institutions, including the justice system, and weak civil society organizations. Inadequate governance prevents (a) an enabling environment where child rights, including the right to health and education, can be realized, and (b) development of local networks where children can be protected from violence, abuse, exploitation, and discrimination.

10. The State commitment to fulfilling child rights is commendable. Key international conventions have been ratified and reporting has been made to the Committee on the Rights of the Child. The legislative framework has been enhanced by measures to protect the rights of children. However, effective law enforcement is limited because of inadequate material resources, insufficient numbers of judges and social workers trained in children's rights and related issues, weak coordination, and poor monitoring and reporting of child rights violations. Moreover, the administration of justice is weak, and is often hampered by arbitrary judgements, procedural delays, and limited access by the population. Demand for improved access and services is low because families and communities are generally ill-informed about child rights and protection issues. In 2003, the recommendations of the Committee on the Rights of the Child included: (a) harmonization and implementation of legislation, (b) establishment of an institution to monitor and evaluate progress in implementation of the Convention on the Rights of the Child, and (c) increased allocation of human and financial resources to health and education initiatives and to HIV/AIDS prevention.

11. The Government's decentralization policy includes the development of community-level plans. Child rights assurance is not yet systemically incorporated in these plans.

12. Natural disasters are frequent. While emergency response has improved, national and local institutional structures to deal with these disasters are not effectively prepared, coordinated or managed. Logistics and human resources are insufficient; specific measures to guarantee child rights in emergencies are non-existent.

Key results and lessons learned from previous cooperation, 2004

13. UNICEF played an important role as an advocate for children, influencing national policy and action. New priorities for children were built into the PRSP; immunization and anti-malarial programmes were implemented to reduce child mortality; free primary education for all was instituted; and on a pilot basis, child rights were incorporated into local policies.

14. A second area of achievement was the development of a wide network of partnerships in several areas. Particularly for HIV/AIDS, a coordinated effort by partners resulted in considerable advancement in structuring a national response to the pandemic. UNICEF played a key role in advocacy and building the capacity of partners. In addition, the broadening of partnerships in health and education improved coordination at national and local levels for fighting malaria and promoting immunization, nutrition and Education for All. UNICEF played a strategic role in promoting the integration of child rights into the programmes of partners.

Lessons learned

15. While the previous country programme for 2001-2003 achieved satisfactory results at the sector level, it was insufficiently child-centred. Because interventions were too dispersed and sectoral, programme results were not consolidated into a coherent whole. More in line with the current programme, spanning a bridge year in 2004, the proposed programme is more child-centred and aligns with Government priorities and the UNDAF.

16. Considerable success was achieved in community-based interventions in nutrition and in reinforcing parental and community participation in schools. However, a 2003 evaluation of community-based nutrition interventions showed that each sectoral programme used a different approach to community involvement. Harmonization and multisectoral synergy are needed. An integrated approach to child survival needs to consider current care practices, knowledge and attitudes among families and communities, the reasons for inadequate access and use of existing services, and locally appropriate ways of promoting behavioural change. This entails participatory research, with the involvement of families and communities as partners. In the previous programme, strategies to work with families largely excluded men. It is essential to promote the increased and responsible involvement of men in childcare as well as the equal participation of women in household decision-making.

17. In cases where implementation of programmes for assuring child rights was poor, the causes could be found in structural inadequacies, including in the legal and policy framework and service provision, as well as a lack of capacity and knowledge at family and community levels.

The Country Programme, 2005-2009

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Child Survival	10 650	20 800	31 450
Education	5 060	11 000	16 060
HIV/AIDS	2 600	5 000	7 600
Governance for child rights	2 000	3 400	5 400
Intersectoral programme	3 150	1 800	4 950
Cross-sectoral costs	2 250	-	2 250
Total	**25 710**	**42 000**	**67 710**

Preparation process

18. The PRSP provides a broad poverty analysis and proposes the national response based on the Millennium Development Goals. The CCA/UNDAF, validated in 2003 and fully coherent with the PRSP, presents an analysis of challenges to overcome and a synergistic framework for action in 2005-2009 on the part of United Nations agencies. The UNDAF identifies five priority areas: (a) health, (b) education, (c) HIV/AIDS, (d) governance and economic growth, and (e) food security.

19. UNICEF is committed to working in four of the five areas. Although the fifth priority area, food security, impacts on children and women, it is covered by other partners. Under the leadership of the Ministry of Economy, Finance and Budget, multisectoral working groups defined the role, objectives, and nature of interventions that would form the contribution of UNICEF to achieving UNDAF/PRSP objectives. This collective assessment drew on recent lessons learned

from evaluations, project reviews, exchanges of ideas on reforms planned by Government partners, and operations research in health, education and water supply. Reference was made to national priorities, as well as to the Millennium Development Goals, the MTSP priorities and the recommendations of the Committee on the Rights of the Child. A Strategy Note resulting from this participatory effort was discussed and refined at a Strategy Meeting held with the Government and partners. The above processes form the basis for the proposed programme.

Goals, key results and strategies

20. The overall goal of the country programme is to promote a culture of child rights and to contribute to tackling the main obstacles to the enjoyment of rights by all children in the areas of child survival, education, HIV/AIDS and governance. The programme aims to contribute to achieving the following results by 2009: a reduction of 30 per cent in under-five mortality, achievement of 80 per cent net primary enrolment and a primary school completion rate of 75 per cent, a reduction in HIV/AIDS seroprevalence to less than 1 per cent and the development of an environment ensuring child rights.

21. Based on lessons learned from the previous programme, the overall strategy is to: a) reinforce the capacity of government duty-bearers to ensure child rights at national, intermediate and district levels; b) to create an environment conducive to the assurance of child rights; and c) reinforce the ability of families and community members to demand realization of child rights and develop their capacities to fulfil their obligations to children.

22. More specifically, the following strategies will support the achievement of key results: (a) development of a political, legal and institutional framework for child rights application; (b) mobilization of political commitment and development of institutional capacity at all levels to invest in and deliver quality universal services; (c) development of the capacity of communities and families to demand and utilize these services and other means to realize children's rights, emphasizing child participation; (d) operational research in targeted areas and the development of innovative project models for wide-scale replication; (e) promotion of a multisectoral approach, networking and coordination; (f) development of a wide partnership, including the public and private sectors and non-governmental organizations (NGOs), with an emphasis on strengthening national leadership; (g) capacity development of communicators and the media; and (h) continuous monitoring and assessment of the situation of children and women and of the implementation of programmes that assure child rights.

23. UNICEF will play a central role in these efforts by facilitating dialogue, coordination and exchange of experiences among partners and by providing key catalytic inputs, such as technical assistance, training and some essential supplies. UNICEF will also play a strong role in orienting policy towards disparity reduction, and in documenting interesting and successful experiences for replication.

24. The key results to be achieved that are listed here contribute to the outcomes identified in the UNDAF results Matrix and the PRSP. The child survival programme will contribute to a reduction of (a) 30 per cent in the under-five mortality rate, (b) 50 per cent in under-five morbidity, and (c) 25 per cent in the maternal mortality ratio. In primary education, the programme will contribute to:

(a) the provision of quality education for *all* children, (b) achievement of a net enrolment rate of 80 per cent, (c) a school completion rate of 75 per cent, and (d) a reduction in the repetition rate to 5 per cent. In HIV/AIDS, the programme will contribute to (a) reduction in HIV prevalence to less than 1 per cent, (b) and reduction of 25 per cent in HIV prevalence among young people, and (c) a reduction of 50 per cent in parent-to-child transmission of HIV. In governance for child rights, the programme will contribute to the development of (a) an environment conducive to the realization of child rights, and (b) of protective networks for children at the community level.

Relationship to national priorities and the UNDAF

25. The country programme is based on priorities indicated in the PRSP, the CCA/UNDAF and the recommendations of the Committee on the Rights of the Child. Key programme results are inextricably linked to the UNDAF results matrix, which, in turn, contribute to the achievement of national development goals defined in the PRSP.

Relationship to international priorities

26. The country programme is based on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The objectives and strategic approach of the country programme are consistent with the Millennium Development Goals that have been endorsed by the Government and form the basis for the PRSP. The programme addresses all priority areas identified in the Plan of Action of *A World Fit for Children*, the Abuja Declarations on malaria, HIV/AIDS, tuberculosis and other infectious diseases, and four out of the five MTSP priorities. The fifth MTSP priority, girls' education, is mainstreamed in the education programme and is incorporated also through the 'Girl-to-Girl' initiative, aimed at improving girls' attendance and continuation in school. A focus however, is on improving access to quality education for all, improved learning achievement and retention of both boys and girls in school.

27. Close cooperation among agencies on requirements to attain the Millennium Development Goals facilitates the exploitation of the comparative advantages of each agency as well as joint advocacy for increased funding. UNICEF plays a leadership role among the agencies, particularly in the attainment of goals for quality education, HIV/AIDS, and the reduction of infant mortality.

Programme components

28. The programme has five components: child survival, education, HIV/AIDS, governance for child rights and an intersectoral programme.

Child survival

29. The overarching objective is to achieve, in line with Government priorities, maximum impact in the reduction of infant and child mortality. This component incorporates three essential packages, Expanded Programme on Immunization 'plus' (EPI+), Ante-Natal Care 'plus' (ANC+), and Integrated Management of Childhood Illness 'plus' (IMCI+). The 'plus' in these programmes refers to the fact that they serve as entry points for other interventions, such as vitamin A supplementation. It

includes, at all levels, an innovative methodology to establish a planning and information system aimed at identifying and responding to bottlenecks (Marginal Budgeting for Bottlenecks, or MBB).

30. Institutional reinforcement and policy development is the first sub-component. Advocacy will take place to have the national health sector reform focus on high-impact, low-cost interventions for reducing child and maternal morbidity and mortality. National health staff capacity will be reinforced at central, provincial and district levels to implement MBB, and the capacity of health and social service staff at district levels will be reinforced in participatory communication strategies for behavioural change relating to maternal and child survival.

31. A second sub-component, support for service delivery, will focus on improvement of service delivery at the local level for under-fives and pregnant women in the following areas: prevention and treatment of malaria, acute respiratory infection (ARI) and diarrhoeal diseases, vaccine-preventable diseases and malnutrition. The MBB tool will be applied to these efforts. UNICEF will play a critical role in reinforcing national supervisory capacity at every level and in establishing a mechanism to ensure quality. These efforts will also adopt an outreach strategy for EPI (EPI+), ensuring that EPI forms an entry-point for other services even in the most isolated districts. Essential supplies will be provided initially, with a mechanism for ensuring that supply independence is operational by the end of the programme cycle. Water, sanitation and hygiene interventions (WASH) will focus on installation of low-cost, replicable water points and latrines, and hygiene education in health centres and schools. UNICEF will continue to play a strategic role, in partnership with the World Bank, the World Health Organization, the United Nations Development Programme (UNDP), and NGOs. UNICEF will advocate for innovative strategies and support operational research on family-based care and treatment. The results of operations research in community-based care (including an emphasis on maternal health, the newly introduced antibiotic blisters packs and the new formula for oral rehydration salts) and of monitoring and evaluation will feed into policy development.

32. Through a third sub-component, district staff and NGOs will receive support to enhance family and community capacity for improved prevention and care modalities through the IMCI+ approach, enabling families to take responsibility for basic care at home and to demand services when necessary. In line with lessons learned, emphasis will be placed on enhancing the role of men in childcare and on the inclusion of women in decision-making. A key activity will be the capacity reinforcement of community agents, who will be equipped with essential products for home treatment of malaria, ARI, diarrhoea and prevention of malnutrition.

Education

33. In line with Government priorities outlined in its *Education for All* plan, the education programme focuses on reinforcing national capacity to provide access to quality primary education for all children while also strengthening family and community capacity to realize the educational rights of their children. This component was developed in coordination with a network of partners to ensure coherence in the approach and to exploit synergies in the attainment of objectives.

34. A first sub-component includes policy development and educational reform, focusing on reinforcing Government capacity in policy development at central,

regional and local levels. Capacity reinforcement will be provided at the school-district level for educational management, along with assistance in setting up a viable system of data collection, monitoring, and evaluation, including monitoring of learning achievement. This will complement capacity reinforcement handled by the French Cooperation in certain districts and major funding for institutional reinforcement by the World Bank to ensure nationwide coverage

35. The educational quality improvement sub-component focuses on operations research aimed at improving educational relevance, including competency-based approaches, management of multi-grade classes, lifeskills education (including for prevention of HIV/AIDS) and child-to-child strategies. UNICEF will advocate integration of these approaches within the education policy. Capacity reinforcement will be provided for education staff at all levels. This will link with World Bank funding to scale up successful experiences and with French Cooperation technical assistance in the districts.

36. School, family and community relations, a third sub-component, aims at generating increased parental and community involvement in school management to improve children's attendance, performance, and retention in school as well as education quality. Community-linked activities in WASH and the provision of school canteens will be complemented by interventions of the World Food Programme and the Food and Agriculture Organization of the United Nations. Parental education will focus on integrated early childhood development. This sub-component will complement World Bank funding for parent committees promoting school maintenance and the joint efforts of the Japanese International Cooperation Agency and International Labour Organization for school construction.

HIV/AIDS

37. This programme, focusing on pregnant women, adolescents, orphans and other children made vulnerable by HIV/AIDS, supports the National Strategic Plan and the Government-promoted strategy for facilitating a local response to the pandemic. A strong partnership under national leadership is already under way and will continue through the Partners' Forum and the United Nations thematic group on HIV/AIDS. UNICEF will continue to play a major coordination and advocacy role, and will contribute to the setting up of a second-generation surveillance system to monitor the epidemic.

38. Prevention of parent-to-child transmission (PTCT) of HIV will be complemented by support for the development of appropriate legislation. Capacity reinforcement and support will be provided to the Ministry of Health to integrate interventions for the prevention of PTCT within existing services for antenatal care. This will include the sensitization and training of health centre staff to enable them to broaden service provision for seropositive pregnant women and their partners.

39. To ensure that young people have access to information and to support services, the sub-component on young people and HIV/AIDS includes the integration of competency-based HIV/AIDS education within the school curriculum, development and implementation of a peer-education strategy for adolescents (including out-of-school youth), use of radio networks and the creation of community-based youth-friendly health services to provide information, support, and services.

40. The sub-component dealing with children affected by HIV/AIDS will advocate for and assist the development of policy and legislation for orphans and vulnerable children concerning protection, access to services and non-discrimination. It will also support provision of technical assistance for the development of strategies improving psychosocial and health care for such children and reinforcing the capacity of families and communities to respond to the children's needs.

Governance for child rights

41. The programme aims to support the national goal of improved governance, implement the recommendations of the Committee on the Rights of the Child and develop community networks for protection of children. The sub-component on environment of child rights assurance and protection will contribute to creating an enabling environment for the realization of child rights at the national level. Advocacy and technical assistance will support the development of a policy-making, legal, social and cultural framework harmonized with the principles of the Convention on the Rights of the Child. The framework will include a coordination mechanism for child rights monitoring as well as an ombudsperson. Capacity reinforcement will be provided for justice, law enforcement and social-service staff. Technical assistance will facilitate the development of sectoral policies and corresponding action plans, particularly in the areas of birth registration, juvenile justice, the elimination of violence and exploitation, and child labour. UNICEF support will complement that of UNDP, the World Bank, the European Union and the United States Agency for International Development for improved national governance.

42. The sub-component, community networks for child rights protection, aims to establish a public and private partnership network of organizations and institutions involved in child rights promotion and protection. This will be done in the context of the Inter-Agency Joint Programme for support to municipalities. UNICEF will support strengthening the capacity of key actors to mobilize support for child rights among children, families and communities. Capacity-building will also help to ensure adequate reporting, referral and treatment of cases of rights violations. Technical and limited material assistance will support policy development and child rights programming at the municipal level. This will include policy development and child rights programming in health, education, birth registration, juvenile justice, violence, exploitation and child labour, among other areas.

Intersectoral programme

43. The first sub-component involves information and communication. Programme communication will support the country programme with strategies focused on individuals, their immediate surroundings and the wider environment. These strategies will include use of mass media, public events, group discussions, peer education, training, school-based interventions, social marketing and lobbying. Participatory methods will be used to design strategies and messages. The programme will advocate with partners for inclusion of multisectoral communication strategies at all levels of programme planning, monitoring and evaluation.

44. Communication activities will promote child rights by improving the visibility of children's issues and voices in the media. Key activities will include training

sessions that improve the media partners' knowledge of child rights, creation of a child rights media kit, development of quality radio and television programmes with and for children, regular polling of children's opinions and the creation of junior reporter clubs.

45. Planning, incorporating monitoring, evaluation, social policy development at decentralized level, is the second sub-component of the intersectoral programme. Planning will focus on (a) establishment of a system to monitor child rights in Madagascar and the Indian Ocean States, and (b) reinforcement of the national information-management system for improved results-based management. In conjunction with municipal networks for child protection, this component will provide methodological and systems development support to decentralized planning and services delivery.

46. Emergency support, the third sub-component, will focus on reinforcing the capacity of the National Council for Disaster Preparedness and Response. Technical assistance will be provided for the development of protection measures for children during emergencies, including measures to prevent sexual violence and disruption of schooling. Advocacy will be carried out for systems development to ensure that schools and health centres in cyclone-prone areas are built with resistant material. Essential emergency supplies and equipment will be provided, including safe delivery kits, fortified food products, and water and sanitation facilities.

Cross-sectoral costs

47. These costs will cover the management and support of the overall country programme, including programme planning and coordination. Operating costs, such as staff and operating expenses related to supply, logistics, administration and finance, will be included in this category.

48. Regular resources will be used to (a) provide technical assistance for policy development and programme delivery, (b) support selected interventions of national scope and capacity-building, and (c) conduct operations research for new interventions. Other resources will contribute to taking a number of interventions to scale.

Major partnerships

49. Realization of child rights and protection necessitates intensive, integrated, intersectoral collaboration and strong institutional coordination. Under the leadership of the Government at central, provincial, district and municipal levels, multiple partnerships will be developed to create a genuine dynamic coordination beyond simple information exchange. These partnerships will include the United Nations agencies working under the umbrella of UNDAF, for coordination of programme development and implementation, as detailed in the UNDAF results matrix; the European Union and the World Bank, in the context of their policy of direct budget support to the education, health and social protection sectors; bilateral and multilateral partners, for coordination, policy dialogue and advocacy; national and international NGOs and civil society organizations, for implementation, advocacy and capacity-strengthening; the private sector, for advocacy, coordination, joint policy-development and funding; the media, for improved communication on child rights; and children, young people and families, for the promotion of greater participation in the claim to realization of rights.

Monitoring, evaluation and programme management

50. Tracking key indicators included in the results matrix will help to improve results-based management, coordinated by the Ministry of Economy, Finance and Budget. The Integrated Monitoring and Evaluation Plan, updated every six months based on programme review, will be incorporated within the National Monitoring and Evaluation Plan of the Ministry of Economy, Finance and Budget. Partner Ministries will integrate monitoring of programme implementation in their business plans. Methodologies to collect qualitative and quantitative data will include existing information systems (which will be strengthened and systematized), supplemented by field visits, surveys, studies, and evaluations. The UNICEF planning section will ensure that all programmes and projects are based on valid and reliable assessment and situation analyses and incorporate a multisectoral approach, and will support the establishment of a knowledge and information centre. The Madagascar database, called *MultiDataGasy*, and based on *DevInfo*, will support ongoing planning, monitoring and evaluation, as well as provide for inputs in monitoring child rights implementation at the subregional level through the Indian Ocean Child Rights Observatory. The Observatory aims to establish a database, and capacity for analysing, monitoring and implementing the rights of children in the countries of the Indian Ocean. Gaps in knowledge and understanding will be identified and filled. Among the studies to be conducted are those covering a child's transition from family to school, child labour, trafficking, child adoption, the juvenile justice system, and orphans and vulnerable children. MICS will be conducted in 2005, a general national census in 2006, and a Demographic and Health Survey in 2008.

51. UNDAF has set up a coordination system, a Steering Committee and a monitoring and evaluation mechanism in which UNICEF will fully participate. UNICEF will use these to coordinate with other United Nations agencies and with national partners, including NGOs. A United Nations thematic group for each of the UNDAF themes provides another mechanism for increased coordination. Past participation in the Thematic Group on HIV/AIDS has proved very useful in ensuring coordinated interventions based on the comparative advantages of individual agencies.

52. A joint country programme review will be conducted on an annual basis by the Government and UNICEF, with the participation of relevant United Nations and NGO partners. A comprehensive midterm review is envisaged in 2007, and a full programme evaluation in 2009. These will be carried out jointly with other United Nations agencies. Evaluations with individual donors will focus on the impact of cross-sectoral interventions, the results feeding into improved planning and response to the ongoing implementation of child rights.